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PTO/SB/83 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	10/607,827
Filing Date	June 27, 2003
First Named Inventor	Marvin Dimitrios Base, et al.
Art Unit	1761
Examiner Name	Unassigned
Attorney Docket Number	1246-2 CIP

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Applicant has failed to pay one or more bills for an unreasonable period of time.

I hereby certify this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on 12-8-04 Signature *Marvin Base*

CORRESPONDENCE ADDRESS

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☐ Customer Number

OR

☒ Firm or Individual Name **Marvin Dimitrios Base, M.D.**

Address **Internal Medicine**

Address **210-08 Northern Boulevard**

City **Bayside** State **NY** ZIP **11361**

Country **USA**

Telephone Fax **718-281-0566**

- ☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name **Edna I. Gergel, Ph.D.**

Signature *Edna I. Gergel*

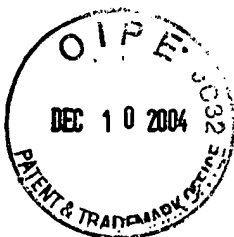
Registration No. **50,819**

Date **12/8/04**

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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on 12-8-04 Signature Nick D. Base**CORRESPONDENCE ADDRESS**

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Marvin Dimitrios Base, M.D.				
Address	Internal Medicine				
Address	210-08 Northern Boulevard				
City	Bayside	State	NY	ZIP	11361
Country	USA				
Telephone		Fax	718-281-0566		

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This request is enclosed in triplicate (including any attachments).

Name	Edna I. Gergel, Ph.D.		
Signature	<u>Edna I. Gergel</u>	Registration No.	50,819
Date	12/8/04		

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on 12-8-04 Signature Nedra I. Gergel**CORRESPONDENCE ADDRESS**

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